

# NEW EMPLOYEE DETAILS FORM



<b>Employer Name:</b>	
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Please complete **ALL SECTIONS** of the form **IN FULL**. Please sign, date and return the completed form to me before the next pay date. **If there are any changes during the year to any of the details you must notify us immediately.**

**Apprenticeship:** Are you being employed under a Qualified Apprenticeship Contract? (please circle) Yes / No If yes, when does the contract end? / /

## New Employee Personal Details (Items marked \* are compulsory)

Title (please circle) *:	Mr / Mrs / Miss / Ms	Date of Birth (dd/mm/yyyy) *:	/ /	
Surname *:	<table border="1"> <tr><td>DO NOT SHORTEN</td></tr> </table>	DO NOT SHORTEN	National Insurance (NI) Number *:	
DO NOT SHORTEN				
First Name *:				
Middle Name(s) *:				
Gender (please circle) *:	Male / Female	Passport Number (only if no NI number):		
Full Home Address *:	Line 1	Marital Status? (please circle):	Single / Married / Divorced / Widowed / Civil Partnership / Other	
	Line 2			
	Line 3			
	Line 4			
Post Code *:		Disabled? (please circle):	Yes / No	
Is employee in the Government Welfare To Work Programme? *:	Yes / No	Nationality:		
		Telephone Number:		
		Email Address:		

## Employment Details (Items marked \* are compulsory)

Start Date *:	/ /	Current Normal Hours Per Week (Please tick one box) *:	Up to 15.99 hours	<input type="checkbox"/>
Director? * (please circle):	Yes / No		16 to 23.99 hours	<input type="checkbox"/>
Payment Method (please circle):	BACS / CASH / CHEQUE / BANK TRANSFER		24 to 29.99 hours	<input type="checkbox"/>
Pay Frequency (please circle)	Weekly / Monthly		30 hours or more	<input type="checkbox"/>
			Other <sub>1</sub>	<input type="checkbox"/>
Bank Sortcode:		<small><sub>1</sub> Pensioners, No Set Hours or Zero Hours Staff</small>		
Bank Account Number:		Annual Salary:	N/A <input type="checkbox"/> £	
Bank Name:		Hourly Rate:	N/A <input type="checkbox"/> £	
		Overtime Hourly Rate:	N/A <input type="checkbox"/> £	
		Job Title:		

## Pension Details (Where under Pension Auto Enrolment) Tick if not applicable

Worker Postponement (please circle)	Yes / No	Contribution Level	
	If Yes, date postponed to: / /	(enter amount or percentage if different to statutory minimum)	

## New Starter Information

**EITHER** Provide form P45 from previous employer and ignore the next questions. Tick to indicate P45 attached:

**OR** Tick to select only **one** of the following statements **A, B or C**

**A** - This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit or a State Pension or Occupational Pension.

**B** - This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State Pension or Occupational Pension.

**C** - As well as my new job, I have another job or receive a State Pension or Occupational Pension.

## STUDENT LOAN INFORMATION

<b>Q1</b>	Do you have Student Loan which is not fully paid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes go to Q2, if No ignore Q2 - Q4 If Yes ignore
<b>Q2</b>	Are you paying your student loan direct to the Student Loans Company by agreed monthly instalments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Q3 - Q4, if No go to Q3
<b>Q3</b>	What type of student plan do you have?	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	<small>If you lived in Scotland or Northern Ireland when you started your course, or You lived in England or Wales and started your course before 1 September 2012, then you have Plan 1.</small>
<b>Q4</b>	Did you finish your studies before the last 6 April?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<small>If you lived in England and Wales and started your course on or after 1 September 2012 then you have Plan 2.</small>

I declare that the information given on this form is correct and complete to the best of my knowledge and belief.

Employee Signature:		Employer Signature:	
Date:	/ /	Date:	/ /

**For Office Use:** Entered Into Payroll System